

POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION

SITE NUMBER

6

TX 3761

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME **TEXACO CHEMICAL CO.**

B. STREET

(Jefferson Chemical Co.)

PO BOX 847

C. CITY

PORT NECHES

D. STATE

TX

E. ZIP CODE

77651

## II. TENTATIVE DISPOSITION

TXD 003076 846

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	ACTION AGENCY				
	MARK 'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)		X			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

## E. RATIONALE FOR DISPOSITION

ACCORDING TO A NEIC inspection (7/81), there are (3) inactive landfills that ~~may~~ MAY HAVE RECEIVED HAZARDOUS WASTES IN THE PAST. WASTES generated at the plant in the past have included chlorinated and phenolic liquid wastes, asbestos, and settling pond solids. Some site instability was noted at one of the landfills.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION  
(mo., day, & yr.)G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE  
ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED  
(mo., day, & yr.)

## H. PREPARER INFORMATION

1. NAME

A.L. GARDNER

2. TELEPHONE NUMBER

214/767-6438

3. DATE (mo., day, &amp; yr.)

5/24/83

## III. INVESTIGATIVE ACTIVITY NEEDED

## A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION

Complete a preliminary Assessment and reconnaissance inspect at this site. Determine the stability of the inactive sites and if any potential hazard exists at this facility due to past disposal practices.

## B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) RECON	1983	FIT		
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				SUPERFUND FILE
(2)				JAN 29 1993
c. TYPE OF SAMPLING				
(1)				REORGANIZED
(2)				

Continue On Reverse

III. INVESTIGATIVE ACTIVITIES COMPLETED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)					
d. TYPE OF LAB ANALYSIS					
(1)					
(2)					
e. OTHER (specify)					
(1)					
(2)					
C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.					
D. ESTIMATED MANHOURS BY ACTION AGENCY					
1. ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	
a. EPA				b. STATE	
c. EPA CONTRACTOR				d. OTHER (specify)	
IV. REMEDIAL ACTIONS					
A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.					
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.					
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY					
1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		